

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERKS OFFICE

2016 JAN 20 PM 1:54

Fill in Reporting Period dates: Beginning Date: Oct 1	7, 2015 Ending Date: Dec 31, 2015 Dec 31
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
out day preceding premium,	30 day after election   year-end report   dissolution
Joseph Demers	Committee to Elect Joe Demers
Candidate Full Name (if applicable)	Committee Name
School Committee - Woburn, Massachusetts	Edward Boyd Jr.
Office Sought and District	Name of Committee Treasurer
10 Carlena Terrace, Woburn, Massachusetts 01801	PO Box 204, Woburn, Massachusetts 01801
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	3,115.59
Line 2: Total receipts this period (page 3, line 11)	770
Line 3: Subtotal (line 1 plus line 2)	3,885.59
Line 4: Total expenditures this period (page 5, line	214) 744.43
Line 5: Ending Balance (line 3 minus line 4)	3,141.16
Line 6: Total in-kind contributions this period (pag	ge 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	. 0
Line 8: Name of bank(s) used: Northern Bank and To	rust
certify that I have examined this report including attached schedules and it is, to the best of ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind continuous activity of all persons acting under the authority of on behalf of this committee in a signed under the penalties of perjury:  COR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box I certify that I have examined this report including attached schedules and it is, to the beactivity, of all persons acting under the authority or on behalf of this committee in accommittee and plain including attached schedules and it is, to the beactivity, of all persons acting under the authority or on behalf during this reporting persons activity including contributions, loans, receipts, expenditures, disbursements, incampaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance.	ontributions and liabilities for this reporting period and represents the campaign recordance with the requirements of M.G.L. c. 55.  7 (Treasurer's signature)  Date:
igned under the penalties of perjury:	(Candidate's signature) Date: [ ] 9 [ ] [ ]

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	SEE ATTACHED		
ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)		
0. F. 15					
e 9: Total Receipts	s over \$50 (or listed above)				
e 10: Total Receipt	s \$50 and under* (not listed above)				
e 11: TOTAL RE	CEIPTS IN THE PERIOD	÷	Enter on page 1, line 2		

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### CTE be Demers **Donations**

Date	First Name	Last Name	Address	Оtу	State	Zip Code	Total	Occupation
11/2/2015	Paul	Andrews	238 Winn Street	Woburn	MA	01801	\$111100.00	N/A
11/2/2015	Ernest □	Doherty	171 Lexington Street	Woburn	MA	01801	\$1111150.00	N/A
11/2/2015	Arthur	Duffy	38 Alfred Street	Woburn	MA	01801	\$11100.00	N/A
11/2/2015	Robert	Holland	1 Winning Road	Woburn	MA	01801	\$111100.00	N/A
11/2/2015	David and Kelly	Knight	29 Fulton Street	Woburn	MA	01801	\$111150.00	N/A
11/2/2015	Kevin	McLaughlin	33 Main Street	Woburn	MA	01801	\$11150.00	N/A
11/2/2015	Bryan and Brenda	Melanson	5 Robertson Way	Woburn	MA	01801	\$11100.00	N/A

Total Receipts over \$50 and under\* (or listed above) \$111650.00

Total Receipts \$50 and under\* (not listed above) \$111120.00

TOTAL RECEIPTS IN THE PERIOD \$111770.00

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	mittee name and a page number of		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Oct 17, 2015	Woburn Host Lions Club	PO Box 81 Woburn, MA 01801	Donation - Lions eye research	250
Nov 3, 2015	CTE Lindsay Higgins	PO Box 262 Woburn, MA 01801	Reimbursement for food for election night rally	300
Nov 15, 2015	US Post Office	2 Abbott Street Woburn, MA 01801	PO box renewal (12 months)	156
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	706
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	38.43
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	744.43

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## **SCHEDULE B: EXPENDITURES (continued)**

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	п	Line 12: Expenditures over \$50	(or listed above)	
		2 12. Experiences over \$50	(or risted above)	
		Line 13: Expenditures \$50 and u	nder* (not listed above)	
	Patro	Line 14. TOTAL EXPENDENT	IDEC INTUE PEDICE	
		Line 14: TOTAL EXPENDITU include them in line 12. Line 13 she	Į	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
[	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	